

FILED
JAMES BOWEN
CLERK

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO**

2004 OCT 25 PM 2:3

U.S. DISTRICT COURT
SOUTHERN DIST OHIO
WEST DIV CINCINNATI

Dana Goins

Plaintiff(s),

-vs-

Case No. 1:01cv185

Samuel Tambi, Warden

Defendant(s),

**APPLICATION AND AFFIDAVIT BY INCARCERATED PERSON
TO PROCEED WITHOUT PREPAYMENT OF FEES**

**NOTICE TO PRISONERS REGARDING
PROCEEDINGS *IN FORMA PAUPERIS***

Prisoner account statement required. A prisoner seeking to bring a civil action or file an appeal without prepayment of fees or security therefor must submit a certified copy of the trust fund account statement (or institutional equivalent) for the six-month period immediately preceding the filing of the complaint or the filing of a notice of appeal. Prison Litigation Reform Act of 1995, Pub. L. No. 104-131, 110 Stat. 1321, § 804(a) (1)-(3), 28 U.S.C. § 1915(a)-(h). The trust fund account statement is obtained from the cashier of the prison or prisons at which the prisoner was confined during the previous six months. 28 U.S.C. § 1915(a)(2). Since an appeal is a separate action, another application to proceed without prepayment of fees or security therefor must be filed when you file a notice of appeal. A prisoner seeking habeas corpus relief is not required to file a prisoner account statement.

Filing Fees. The current fees for filing a habeas corpus petition, civil complaint, and notice of appeal are:

- Habeas corpus petition. \$5.00
- Civil complaint \$150.00
- Appeal \$255.00

AFFIDAVIT

I, Dana Goins, declare that I am the (check appropriate box):

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of the full filing fee or costs under 28 U.S.C. § 1915, I declare that I am unable to prepay the full filing fee or the costs of these proceedings and that I am entitled to the relief sought in this complaint/petition/motion.

In support of this application, I answer the following questions under the penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No

If "Yes", state the place of incarceration: Hocking Correctional Facility, Box 59
Nelsonville, Ohio 45764

(If "No," this is the wrong form for you. You should request the Non-Prison Declaration in Support of Request to Proceed *In Forma Pauperis*)

2. Do you have a work, program, status assignment or other circumstances which causes you to be paid by the prison, jail, or other custodial institution? ☒ Yes ☐ No

If "Yes", state the amount credited to you each month: \$ 20.00 /month

3. In the past 12 months have you received any money from the following sources? If so, state the total amount received.

			<u>Amount</u>
a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$ _____
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$ _____
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$ _____
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$ _____
e. Gifts or inheritances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	\$ <u>20.00</u>
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$ _____

If the answer to any of the above is "Yes", describe each source of money and state what received and what you expect you will continue to receive.

In July, 2004, I received \$20.00 from a friend for a birthday present but I don't expect to be receiving anymore money as the person that sent the money to me is elderly and depends on Social Security and has a limited amount of money to make ends meet.

4. Do you have any cash or checking or savings accounts outside the prison?

☐ Yes ☒ No Amount \$ _____

5. Do you have a secondary savings account, such as a certificate of deposit or a savings bond, which is recorded by the prison cashier?

☐ Yes ☒ No Amount \$ _____

6. Do you own any assets, including real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

☐ Yes ☒ No

If "Yes", describe each asset and state its value.

ASSET

VALUE

Autos _____

\$ _____

(Make/model/year) _____

Stocks _____

\$ _____

\$ _____

Bonds _____

\$ _____

Notes _____

\$ _____

Real Estate _____

\$ _____

\$ _____ (mortgage)

Other _____

\$ _____

7. Have you on three or more prior occasions, while incarcerated or detained in any prison, jail or other facility, brought an action in a court of the United States that was dismissed on the

grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted?

☐ Yes

☒ No

If "Yes," list the dismissals:

Date Dismissed	Case Name	Case No.

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have submitted above a complete statement of all the assets I possess and that all of the information is true and correct.

I understand that my signature below authorizes the institution of incarceration to forward from my account to the Clerk of the Court any initial partial filing fee assessed by the Court in the amount of 20 percent of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint. Thereafter, I authorize the institution of incarceration to forward monthly payments of 20 percent of my preceding month's income credited to my prison account until I have paid the full amount of the filing fee.

10-13-04

DATE

Dana Goins

SIGNATURE OF APPLICANT

Dana Goins

Ohio Department of Rehabilitation and Correction

SECTION I - To be completed by cashier prior to this form being presented to the inmate for completion of SECTION II - Affidavit of Indigency.

I, Dorothy L Hunt, cashier at the Hocking Correctional Facility certify that the following is a true and accurate reflection of the status of the account maintained at this institution for the benefit of:


Inmate Name: GOINS, DANA	Inmate Number: A-373041
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The Prison Litigation Reform Act (PLRA) requires that the time period to be considered is the preceeding six months. It also requires that, "...if financial activity is less than six months due to less than six months of incarceration, then note this fact on the statement. If lack of history is due to recent transfer, then obtain missing month-end reports from sending cashier to complete the six month period. The sending cashier must similarly certify the monthend reports."

The time period being reported below is: ☒ Six months ☐ Fewer than six months, beginning _____

The time period is fewer than six months, because: ☐ Period of Incarceration ☐ Transfer

Account Balance as of <u>10/14/2004</u> :	\$	<u>32.91</u>
Total state pay credited for the report period;	\$	<u>120.00</u>
Average monthly state pay for the report period;	\$	<u>20.00</u>
Total funds received from all sources, excluding state pay, for the report period;	\$	<u>20.00</u>
Total amount spent in inmate's commissary during the same period;	\$	<u>120.80</u>

Signature of Cashier: 	Date: <u>10/14/04</u>
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AFFIDAVIT OF INDIGENCY

SECTION II - To be completed by inmate after cashier's statement is completed.

I, GOINS, DANA, being first duly sworn, says that he/she does not have sufficient funds to pay the filing fee and other costs of prosecuting this complaint against the State of Ohio, Department of Rehabilitation and Correction, in the Court of Claims of Ohio and submits the cashier's statement (Section I) in support of said allegation of indigency.

I hereby represent that the Information set forth in the cashier's statement concerning my financial condition is true and complete to the best of my knowledge and belief.

Signature of Inmate: 	Inmate Number: <u>373-041</u>
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Sworn to and subscribed to me in my presence this 20th day of October, 2 004.

RALPH EVANS
Notary Public, State of Ohio
My Commission Expires 12/24/2005

Notary Public: 
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Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of your prison trust fund account statement from the institution(s) of your incarceration showing at least the past six months' transactions.

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 32.91 on account to his/her credit at (name of institution) Hocking Correctional Facility. I further certify that during the past six months the applicant's average monthly balance was \$ 24.01 and the applicant's average monthly deposits were \$ 23.33. I have attached a certified copy of the applicant's prison trust fund account statement showing at least the past six months' transactions.

I further certify that the applicant does/does not have a secondary savings account(s), such as a certificate of deposit or a savings bond. The secondary account(s) balance is \$.

10/14/04
DATE
OFFICER

Dorothy Hunt Cashier
SIGNATURE OF AUTHORIZED

OCT 14, 2004

HOCKING CORRECTIONAL FACILITY

PAGE 1

04/15/2004 THRU 10/14/2004 INMATE DEMAND STATEMENT

INMATE NUMBER: A373041

LOCK LOGS:

INMATE NAME: COONS, DANA
AKA:

SHOP CYCLE: 3

STATUS: A

MISC A: C

MISC B:

NOTE:

HOLD TOTAL: .00

E.P.C. BALANCE: .00

FROM LOG: MACI

FROM DATE: 12/29/1999

O.D.F.:

TO LOG:

TO DATE:

TRAN DATE	TRAN AMOUNT	TC	CF	OPR	T/C DESC	MISC DESC	ACCOUNT BALANCE
BALEWD							24.37
04/16/04	3.26	01	00	DLH	COMMISSARY	012472	20.41
04/23/04	3.26	01	00	BEC	COMMISSARY	012776	16.45
04/26/04	1.06	03	00	BEC	POSTAGE	POSTAGE	15.39
04/29/04	3.26	01	00	DLH	COMMISSARY	013053	11.43
05/07/04	3.26	01	00	DLH	COMMISSARY	013297	7.47
05/10/04	20.00	30	00	DLH	EARNINGS		27.47
05/12/04	3.26	03	00	DLH	POSTAGE	POSTAGE	21.77
05/14/04	4.00	01	00	DLH	COMMISSARY	013606	17.77
05/21/04	4.17	01	00	DLH	COMMISSARY	013926	13.60
05/29/04	3.30	01	00	DLH	COMMISSARY	014260	10.30
06/04/04	2.35	03	00	BEC	POSTAGE	POSTAGE	7.95
06/04/04	3.30	01	00	DLH	COMMISSARY	014312	4.65
06/07/04	20.00	30	00	DLH	EARNINGS		24.65
06/11/04	3.30	01	00	DLH	COMMISSARY	014918	21.35
06/21/04	3.44	01	00	BEC	COMMISSARY	015224	17.21
06/24/04	3.95	03	00	BEC	POSTAGE	POSTAGE	14.06
06/25/04	6.23	01	00	DLH	COMMISSARY	015515	7.83
06/30/04	1.00	03	00	DLH	POSTAGE	POSTAGE	5.05
07/06/04	20.00	30	00	DLH	EARNINGS		25.05
07/06/04	20.00	31	00	DLH	RECEIPTS M	MAILROOM BERNICE SIDON	45.05
07/07/04	4.78	01	00	DLH	COMMISSARY	000047	39.07
07/14/04	1.73	01	00	DLH	COMMISSARY	000454	34.00
07/21/04	4.70	01	00	DLH	COMMISSARY	000701	29.53
07/20/04	0.42	01	00	DLH	COMMISSARY	001062	24.11
08/04/04	4.60	01	00	DLH	COMMISSARY	001333	12.31
08/07/04	20.00	30	00	DLH	EARNINGS		39.51
08/12/04	2.35	03	00	DLH	POSTAGE	POSTAGE	37.16
08/11/04	4.43	01	00	DLH	COMMISSARY	001602	32.73
08/13/04	1.45	01	00	DLH	COMMISSARY	001999	20.00

OCT 14, 2004

HOCKING CORRECTIONAL FACILITY

PAGE 2

04/15/2004 THRU 10/14/2004 INMATE DEMAND STATEMENT

INMATE NUMBER: A373011

LOCK LOCAL

INMATE NAME: GOING, DANA
AKA:

MID CYCLE 2

STATUS: A

FROM LCC: MACI

MISC A: C

FROM DATE: 12/27/2002

MISC B:

C.C.B.

NOTE

HOLD TOTAL: .00

TO LCC:

R.P.C. BALANCE: 100

TO DATE:

TRAN DATE	TRAN AMOUNT	TO	ST	CDR	T/O	DEBIT	MISC DEBIT	ACCOUNT BALANCE
08/25/04	4.68	01	00	BEC	COMMISSARY	002305		23.66
08/31/04	4.65	03	00	BEC	POSTAGE	POSTAGE		19.01
09/01/04	9.80	01	00	DLH	COMMISSARY	002573		9.21
09/01/04	5.64	01	00	DLH	COMMISSARY	002651		1.85
09/07/04	20.00	38	00	DLH	EARNINGS			11.85
09/08/04	4.89	01	00	DLH	COMMISSARY	002064		10.96
09/15/04	9.30	01	00	DLH	COMMISSARY	003247		20.66
09/20/04	3.55	01	00	DLH	COMMISSARY	003306		17.10
10/06/04	4.19	01	00	BEC	COMMISSARY	003902		12.91
10/12/04	20.00	38	00	DLH	EARNINGS			32.91
CURR. BAL								32.91
						TOTAL DEBITS		131.46
						TOTAL CREDIT		107.00
						AVERAGE BALANCE		21.46

Dorothy Hunt, Cashier